

ATTACHMENT 3

National modifiers for ambulance services

The following tables list the nationally recognized modifiers that providers will be required to use when submitting claims for ambulance services. Use modifiers on claims but not on prior authorization requests. A future *Wisconsin Medicaid and BadgerCare Update* will notify providers of the specific effective dates for Wisconsin Medicaid's implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Multiple carry modifier	Description
GM	Multiple patients on one ambulance trip

Trip modifiers	Description
U1	First or only trip
U2	Second trip
U3	Third trip
U4	Fourth trip
U5	Fifth trip
U6	Sixth trip

Origin and destination modifiers*	Description
D	Diagnostic or therapeutic site other than "P" or "H"
E	Residential, domiciliary, custodial facility (nursing home, not skilled nursing facility)
G	Hospital-based dialysis facility (hospital or hospital-related)
H	Hospital
I	Site of transfer (for example, airport or helicopter pad between types of ambulance)
J	Nonhospital-based dialysis facility
N	Skilled nursing facility (SNF)
P	Physician's office (includes HMO nonhospital facility, clinic)
R	Residence
S	Scene of accident or acute event
X	Intermediate stop at physician's office en route to the hospital (includes HMO nonhospital facility, clinic) <i>Note:</i> Modifier "X" can only be used as a designation code in the second position of a modifier.

* These single-letter modifiers are used in combination on the claim form to indicate the origin and destination of the ambulance trip. The first letter indicates the transport's place of origin; the second letter indicates the destination.